

Foster Family Home - Corrective Action Report

Provider ID: 1-180094

Home Name: Joy Calma CNA

94-734 Kaiao

Wiapahu

HI 96797

Review ID: 1-180094-1

Reviewer: David Ayling

Begin Date: 2/28/2018

End Date: 2/28/18

Foster Family Home


Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a new 2 person CCFFH certification review made on 2/28/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.


Compliance Manager

Joy R. Calma
Primary Care Giver


Date

2-28-18
Date